

Medical Center Health System's Notice of Privacy Practices
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

1. **Purpose:** The Hospital and its professional staff, employees, and volunteers and all of its affiliated entities including the Family Health Clinic, and MCHS Professional Care (referred to collectively as Hospital) follow the privacy practices described in this Notice. The Hospital maintains your personal health information in records that will be maintained in a confidential manner, as required by law. This health information may include photographs obtained by authorized personnel at the Hospital for treatment purposes. The Hospital must use and disclose your health information to the extent necessary to provide you with quality health care. To do this, the Hospital must share your health information as necessary for treatment, payment and health care operations.

2. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. The Hospital may use your health information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. We also may use and disclose your health information to improve the quality of care, e.g., for review and training purposes. It is also determined that patient safety activities of patient safety organizations (PSOs) are deemed to be healthcare operations under the Privacy Rule.

3. **How Will the Hospital Use My Health Information?** Your health information may be used for the purposes listed below, unless you ask for restrictions on a specific use or disclosure:

- To share with your healthcare provider(s) and PSOs as needed for follow-up care. This would include Texas Tech University Health Science Center (TTUHSC), the Permian Basin Healthcare Network (PBHN), EmCare, and other physicians and healthcare providers with staff privileges at MCHS.
- Hospital Directory, which may include your name, general condition, and your room number.
- Religious affiliation to a hospital chaplain or member of the clergy.
- Authorized family members who may consent to your treatment or who are involved in the payment for your treatment.
- Workers' Compensation. (Your health information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
- American Red Cross (or a government disaster relief agency) if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- Used (or disclosed to a business associate) for fundraising, but such information will be limited to your name, address, phone number, and the dates you received services at the Hospital. (You will have an opportunity to opt-out from receiving any fundraising communications after the initial notification required by law.)
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)

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- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on the Hospital's premises; and in emergency circumstances relating to reporting information about a crime.)
- To coroners and medical examiners.
- Organ and tissue donation.
- Certain research projects approved by an Institutional Review Board.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces.
- National security and intelligence activities.
- Protection of the President or other authorized persons from foreign heads of state, or to conduct special investigations.
- Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
- Alcohol and drug abuse information has special privacy protections. The Hospital will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless: (i) the patient consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Certain types of information will be subject to additional restrictions on disclosure, such as AIDS test results and psychotherapy notes.

4. Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your health information unless you authorize (permit) the Hospital in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

5. You Have Rights Regarding Your Medical Information. You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by the Hospital:

- **Right to request restriction.** You may request limitations on your health information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. However, you may request to restrict certain disclosures of your health information if the services were paid in full and out of pocket has been met, at which time we will comply with your request.
- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and request copies of your health information regarding decisions about your care. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by the Hospital. The Hospital will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Hospital, which requires certain specific information. The Hospital is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities other than for health care treatment payment or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there may be a charge.

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- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site at www.MCHodessa.com.
- **Right of notification of breach.** The Hospital will notify you in the event a breach of your protected health information has occurred and you were affected.
- **Right of notification of genetic information.** You may prohibit the Hospital from using or disclosing your genetic health information for underwriting.

6. Requirements Regarding This Notice. The Hospital is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. The Hospital may change this Notice and these changes will be effective for health information we have about you as well as any information we receive in the future. Each time you register at the Hospital for health care services as an inpatient or outpatient, you will receive a copy of the Notice in effect at the time. The Hospital will prominently post any revision made to this Notice at our web site listed herein.

7. Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the United States Department of Health and Human Services. ***You will not be penalized or retaliated against in any way for making a complaint to the Hospital or the Department of Health and Human Services.***

MCHS Contact: You may call The MCHS Privacy Officer at 640-1106 if:

- you have a complaint;
- you have any questions about this Notice;
- you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
- you wish to obtain a form to exercise your individual rights described in paragraph 5.